

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000673

1. Entity Name

MEEKS & MANN, L.C.

FILED

00 JAN 13 PM 1:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2227 N. YOUNG BLVD.

CHIEFLND FL 32626

Mailing Address

P.O. BOX 465

CHIEFLAND FL 32644-0465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEEKS, DAVID JR

2227 N. YOUNG BLVD.

CHIEFLND FL 32626

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGR MEEKS, DAVID W JR
STREET ADDRESS 2224 N YOUNG BLVD
CITY- ST- ZIP CHIEFLND FL 32626

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME MGR MANN, LOY A
STREET ADDRESS 6950 NW 87TH PLACE
CITY- ST- ZIP CHIEFLND FL 32644

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

DAVID MEEKS JR

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/10/00 352-493-495